## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10671837

| CLAIMS AS FILED - PART I<br>(Column 1) |  |   |                                    |                      |                                       | nn 2)            | SMALL ENTITY TYPE   |                        | OR         | OTHER THAN<br>SMALL ENTIT |                        |  |
|--|--|---|------------------------------------|----------------------|---------------------------------------|------------------|---------------------|------------------------|------------|---------------------------|------------------------|--|
| TOTAL CLAIMS                           |  |   | 19                                 |                      |                                       |                  | RATE                | FEE                    | [          | RATE                      | FEE                    |  |
| FOR                                    |  |   | NUMBER FILED                       |                      | NUMBE                                 | ER EXTRA         | BASIC FEE           | 375.00                 | OR         | BASIC FEE                 | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS                |  |   | [9] minus 20=                      |                      | * 6                                   |                  | X\$ 9=              |                        | OR         | X\$18=                    |                        |  |
| INDEPENDENT CLAIMS                     |  |   | = 2 minus 3 =                      |                      | * /                                   |                  | X42=                |                        | OR         | X84=                      | 82                     |  |
| MU                                     | LTIPLE DEPEN   | IDENT CLAIM P                               | RESENT                             |                      |                                       |                  | +140=               |                        | OR         | +280=                     |                        |  |
| * If                                   | the difference   | in column 1 is                              | less than zero, enter "0" in colur |                      |                                       | olumn 2          | TOTAL               |                        | OR         | TOTAL                     | 834                    |  |
|  | C  | LAIMS AS A                                  | MENDE                              | D - PART II          |                                       |                  |                     |                        | OTHER THAN |                           |                        |  |
|  |  | (Column 1)                                  |                                    | (Column 2)           |                                       | (Column 3)       | SMALL               |                        | OR         | SMALL                     |                        |  |
| AMENDMENT A                            |  | CLAIMS REMAINING AFTER AMENDMENT            |                                    | NUM<br>PREVI         | BER                                   | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                              | **                   |                                       | =                | X\$ 9=              |                        | OR         | X\$18=                    |                        |  |
|  | Independent  | *<br>ENTATION OF M                          | Minus                              | ***                  | T CL AIM                              | =                | X42=                |                        | OR         | X84=                      |                        |  |
| _                                      | FIRST PRESE  | ,   | OLTIPLE DE                         | PENDEN               | CLAIVI                                |                  | +140=               |                        | OR         | +280=                     |                        |  |
|  |  |   |                                    |                      |                                       |                  | TOTAL<br>ADDIT. FEE |                        | OR         | TOTAL<br>ADDIT. FEE       |                        |  |
|  |  | ADDII. FEC                                  | <u> </u>                           | 4                    | ADDII. 1 EE                           |                  |                     |                        |            |                           |                        |  |
| AMENDMENT B                            |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                    | HIGH<br>NUM<br>PREVI | MN 2)<br>HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                              | **                   |                                       | =                | X\$ 9=              |                        | OR         | X\$18=                    |                        |  |
| AME                                    | Independent  | *   | Minus                              | ***                  |                                       | =                | X42=                |                        | OR         | X84=                      |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                    |                      |                                       |                  | +140=               |                        | OR         | +280=                     |                        |  |
|  |  |   |                                    |                      |                                       |                  |                     |                        | OR         | TOTAL                     |                        |  |
| w.1                                    |  | (Column 1)                                  |                                    | (Colu                | ımn 2)                                | (Column 3)       | ADDIT. FEE          |                        |            | ADDIT. FEE                |                        |  |
| AMENDMENT C                            |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                    | HIG<br>NUM<br>PREV   | HEST<br>MBER<br>NOUSLY<br>FOR         | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                              | **                   |                                       | =                | X\$ 9=              |                        | OR         | X\$18=                    |                        |  |
| AME                                    | Independent  | *   | Minus                              | ***                  | T 01 111                              | -                | X42=                |                        | OR         | X84=                      |                        |  |
| L                                      | FIRST PRESI  | ENTATION OF N                               | IULI IPLE DE                       | TIPLE DEPENDENT      |                                       |                  | +140=               |                        | OR         | +280=                     |                        |  |
| **                                     | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                    |                      |                                       |                  |                     |                        |            |                           |                        |  |